

# Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
Do not use this form to update information

97

Amendment

☒ Yes

☒ No

## 1. Committee Information

### a. Full Name

SCOTT DACEY CAMPAIGN

### c. ID Number

TCDH5A

### b. Mailing Address (include City, State and Zip Code)

POST OFFICE BOX 15395  
New Bern, NC 28561

### d. Date Filed

July 12, 201

### e. Phone Number

252-349-0139

## 2. Report Year

2011

## 3. Period Start Date (mm/dd/yy)

04/18/10

## 4. Period End Date (mm/dd/yy)

06/30/10

## 5. Treasurer Full Name

JEANNIE M. TYSON

## 6. Type of Committee (Check One)

- ☒ Candidate Campaign  
☐ PAC  
☐ Independent  
☐ Expenditure  
☐ Legal Expense Fund  
☐ Party  
☐ Referendum  
☐ Joint Fundraiser

## 7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"  
☐ Building Fund

☐ Other:

## 9. Type of Report (check only one type of report from one category)

### Municipal

- ☐ Organizational  
☐ Thirty-five day

- ☐ Pre-primary  
☐ Pre-election  
☐ Pre-runoff  
☐ Semi-annual  
☐ Mid Year  
☐ Year End  
☐ Final  
☐ Special

### State/County

- ☐ Organizational  
☐ Quarterly

- ☐ First  
☒ Second  
☐ Third  
☐ Fourth  
☐ Semi-annual  
☐ Mid Year  
☐ Year End  
☐ Final  
☐ Special

### Referendum

- ☐ Organizational  
☐ Pre-referendum

- ☐ Final  
☐ Supplemental Final  
☐ Annual  
☐ Special

## 8. Number of Fundraisers this Report

## 10. Special Report Name

## 11. Account Information

### a. Financial Institution Full Name

FIRST SOUTH BANK

### b. Purpose

BANKING

### c. Account Code

11 /

### d. Period Begin Balance

\$ 4,706.39

## 11. Account Information

### a. Financial Institution Full Name

### b. Purpose

### c. Account Code

### d. Period Begin Balance

\$

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

JEANNIE M. TYSON

Printed Name of Signer

Signature of Appointed Treasurer

JULY 12, 2010

Date

## FOR OFFICE USE ONLY

Date Received:

Employee:

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

## Delivery Method

- ☐ Normal Mail  
☐ Registered Mail  
☒ Hand Delivered  
☐ Electronically Filed  
☐ Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Amendment

☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

<b>1. Committee Full Name (and Fund if applicable)</b> SCOTT DACEY CAMPAIGN		<b>2. Type of Report</b> 2 <sup>ND</sup> QUARTER		<b>3. ID Number</b> TCDHSA	
<b>Start of Election Cycle:</b> January 1, 2010		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
<b>4) Cash on Hand at Start</b>		\$ 4,506.39		\$ 50.00	
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals</b>		(CRO-1205)	\$ 147.50	\$ 341.25	
<b>6) Contributions from Individuals</b>		(CRO-1210)	\$ 1,385.00	\$ 8,427.50	
<b>7) Contributions from Political Party Committees</b>		(CRO-1220)	\$ .00	\$ .00	
<b>8) Contributions from Other Political Committees</b>		(CRO-1230)	\$ .00	\$ 300.00	
<b>9) Loan Proceeds</b>		(CRO-1410)	\$ 750.00	\$ 2,750.00	
<b>10) Refunds/Reimbursements To the Committee</b>		(CRO-1240)	\$ .00	\$ 12.50	
<b>11) Other Receipt Sources</b>					
<b>11a) Interest on Bank Accounts</b>		(CRO-1250)	\$ .00	\$ .00	
<b>11b) Contributions from Not-for-Profit Organizations</b>		(CRO-1250)	\$ .00	\$ .00	
<b>11c) Outside Sources of Income</b>		(CRO-1250)	\$ .00	\$ .00	
<b>11d) Legal Expense Fund - Other Sources</b>		(CRO-1270)	\$ .00	\$ .00	
<b>11 e) Exempt Purchase Price Sales</b>		(CRO-1265)	\$ .00	\$ .00	
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 2,282.50	\$ 11,831.25	
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
<b>13a) Operating Expenditures</b>		(CRO-1310)	\$ 5,219.51	\$ 10,311.87	
<b>13b) Contributions to Candidates/Political Committees</b>		(CRO-1310)	\$ .00	\$ .00	
<b>13c) Coordinated Party Expenditures</b>		(CRO-1310)	\$ .00	\$ .00	
<b>14) Aggregated Non-Media Expenditures</b>		(CRO-1315)	\$ .00	\$ .00	
<b>15) Loan Repayments</b>		(CRO-1420)	\$ .00	\$ .00	
<b>16) Refunds/Reimbursements From the Committee</b>		(CRO-1320)	\$ .00	\$ .00	
<b>17) In-Kind Contributions</b>		(CRO-1510)	\$ .00	\$ .00	
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 5,219.51	\$ 10,311.87	
<b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)			\$ 1,569.38	\$ 1,569.38	
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees</b>		(CRO-1330)	\$		
<b>21) Outstanding Loans (incl. ones from other campaigns)</b>		(CRO-1430)	\$		
<b>22) Debts and Obligations owed By the Committee</b>		(CRO-1610)	\$		
<b>23) Debts and Obligations owed To the Committee</b>		(CRO-1620)	\$		
<b>24) Account Transfers Within the Committee</b>		(CRO-1720)	\$		
<b>25) Administrative Support</b>		(CRO-1710)	\$	\$	
<b>26) Forgiven Loans</b>		(CRO-1440)	\$	\$	
<b>27) 48-Hour Notice Reports Sum</b>		(CRO-2200)	\$	\$	
<b>28) Contributions to be Refunded</b>		(CRO-1215)	\$	\$	

Optional form used to report NC Contributions From Individuals of \$50 or less

1 of 1

☐ Yes ☒ No

**CRO-1205**

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Pg 1 of 3 Amendment ☒ Yes ☒ No

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
SCOTT DACEY CAMPAIGN						TCDH5A	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ROBIN LEE STRICKLAND 1109 COUNTRY CLUB DRIVE TRENT WOODS, NC 28562 252/633-1999				SECRETARY/TREASURER			
				<b>c. Employer's Name/Specific Field</b>			
				BRYDGE & LEE			
				<b>e. Election Sum to Date</b>			
				\$ 250.00			
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	#1	CHECK		05/01/10		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ROBERT MITCHELL BRYDGE 2113A SOUTH GLENBURNIE ROAD NEW BERN, NC 28562 252/670-5619				PRESIDENT			
				<b>c. Employer's Name/Specific Field</b>			
				BRYDGE & LEE			
				<b>e. Election Sum to Date</b>			
				\$ 250.00			
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	#1	CHECK		05/01/10		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MARC C. JESSUP POST OFFICE BOX 12890 NEW BERN, NC 28561 252/638-9000				SELF EMPLOYED			
				<b>c. Employer's Name/Specific Field</b>			
				<b>e. Election Sum to Date</b>			
				\$ 100.00			
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	#1	CHECK		05/01/10		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 600.00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 600.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Pg 2 of 3 Amendment ☒ Yes ☒ No

<b>1. Committee Full Name (and Fund if applicable)</b> SCOTT DACEY CAMPAIGN						<b>2. ID Number</b> TCDH5A	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) JOHN A. SNYDER 605 POLLOCK STREET NEW BERN, NC 28562 252-633-5057				<b>b. Job Title/Profession</b> PHYSICIAN		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> COASTAL RADIOLOGY, INC.			
						<b>e. Election Sum to Date</b> \$ 300.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	# /	CHECK		05/03/10		\$ 300.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) STEPHEN N. SIDES, II 112 ALLEN DRIVE NEW BERN, NC 28562 252/637-1535				<b>b. Job Title/Profession</b> RADIOLOGIST		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> COASTAL RADIOLOGY, INC.			
						<b>e. Election Sum to Date</b> \$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	# /	CHECK		05/10/10		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) GREG BARROW 4512 MONCKS COURT NEW BERN, NC 28562 252/637-2212				<b>b. Job Title/Profession</b> PRESIDENT		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> MILLER FURNITURE KINSTON			
						<b>e. Election Sum to Date</b> \$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	# /	CHECK		05/25/10		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 500.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,100.00	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Pg 3 of 3 Amendment ☒ Yes ☒ No

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
SCOTT DACEY CAMPAIGN						TCDH5A	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
TOM FOLEY 315 QUEEN STREET ALEXANDRIA, VA 22314 651-214-9978				ATTORNEY			
				<b>c. Employer's Name/Specific Field</b>			
				FOLEY LAW GROUP			
						<b>e. Election Sum to Date</b>	
						\$ 95.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>		<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	# /	CHECK			05/25/10	\$ 95.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JIM WISE 1900 N. QUEBEC STREET ARLINGTON, VA 703-527-1817				POLITICAL CONSULTANT			
				<b>c. Employer's Name/Specific Field</b>			
				SELF EMPLOYED			
						<b>e. Election Sum to Date</b>	
						\$ 190.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>		<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	# /	CHECK			05/25/10	\$ 190.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>		<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 285.00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 1,385.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

# Outstanding Loans

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Scott Dacey Campaign		TCD+LSA	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Scott Dacey PO Box 15395 New Bern NC 28561		Lobbyist	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Self-Employed	1.8.2010
			f. End Date (mm/dd/yyyy)
			1.8.2011
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	N/A	\$2000.00	\$2000.00
k. Full Name of Lending Institution		l. Loan Number	
Scott Dacey		1	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$2000.00	
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)		\$2000.00	

# Contributions from Other Political Committees

Pg

1

of

1

Amendment

☒ Yes

☒ No

No

Use this form to report contributions from other candidate, referendum or PAC committees

<b>1. Committee Full Name (and Fund if applicable)</b> SCOTT DACEY CAMPAIGN				<b>2. ID Number</b> TCDH5A	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) BUILD POLITICAL ACTION COMMITTEE POST OFFICE BOX 99090 RALEIGH, NC 27624 919) 676-9090		<b>b. Type of Committee</b> <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>d. Comments</b>     <b>e. Election Sum to Date</b> \$ 300.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		3.23.2010	\$300.00	
				\$	
				\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>d. Comments</b>     <b>e. Election Sum to Date</b> \$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>d. Comments</b>     <b>e. Election Sum to Date</b> \$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
<b>4. Total only this Page</b>					
				\$ 300.00	
<b>5. Total of ALL CRO-1230 Pages</b> (This line must be on line 8 of Detailed Summary Page CRO-1100)					
				\$ 300.00	



# Refunds/Reimbursements To the Committee

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

<b>1. Committee Full Name (and Fund if applicable)</b> SCOTT DACEY CAMPAIGN				<b>2. ID Number</b> TCDH5A		
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) FIRST SOUTH BANK POST OFFICE BOX 15395 NEW BERN, NC 28561 252/946-4178			<b>d. Type of Committee</b>		<b>g. Comments</b>	
			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
			<b>e. Level Registered (Specify)</b>		<b>h. Original Expenditure Date</b>	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		01/12/10	
			<b>i. Original Expenditure Amt</b>			
					\$	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>		
				REIMB. CK EXPEN		
				<b>j. Election Sum to Date</b>		
				\$		
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>	<b>n. Date (mm/dd/yyyy)</b>		<b>o. Amount</b>	
			01/12/10		\$ 12.50	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>	
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
			<b>e. Level Registered (Specify)</b>		<b>h. Original Expenditure Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
			<b>i. Original Expenditure Amt</b>			
					\$	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>		
				<b>j. Election Sum to Date</b>		
				\$		
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>	<b>n. Date (mm/dd/yyyy)</b>		<b>o. Amount</b>	
					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>	
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
			<b>e. Level Registered (Specify)</b>		<b>h. Original Expenditure Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
			<b>i. Original Expenditure Amt</b>			
					\$	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>		
				<b>j. Election Sum to Date</b>		
				\$		
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>	<b>n. Date (mm/dd/yyyy)</b>		<b>o. Amount</b>	
					\$	
<b>4. Total only this Page</b>					\$ 12.50	
<b>5. Total of ALL CRO-1240 Pages</b> (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 12.50	

# Loan Proceeds

Pg

1

of

Amendment

☐

Yes

☒

No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b> THE SCOTT DACEY COMMITTEE				<b>2. ID Number</b> TCDH5A	
<b>3. Lender Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
SCOTT DACEY POST OFFICE BOX 15395 NEW BERN, NC 28561 252/636-0633		CONSULTANT			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>	
		SELF-EMPLOYED		01/08/10	
				<b>f. End Date (mm/dd/yyyy)</b>	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>	<b>k. Amount</b>	
%			CHECK	\$ 2,000.00	
<b>l. Full Name of Lending Institution</b>				<b>m. Loan Number</b>	
<b>4. Endorsers/Makers</b> (The people who guarantee the loan.)					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
		%		\$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
		%		\$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
		%		\$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
		%		\$	
<b>5. Total of ALL CRO-1410 Pages</b> (This line must be on line 9 of Detailed Summary Page CRO-1100)					
\$ 2,000.00					

# Loan Proceeds

Amendment

Pg 1 of 1 ☐ Yes ☒ No

Use this form to report proceeds from a loan and loan endorser's information  
A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b> THE SCOTT DACEY COMMITTEE				<b>2. ID Number</b> TCDH5A	
<b>3. Lender Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) SCOTT DACEY POST OFFICE BOX 15395 NEW BERN, NC 28561 252/636-0633		<b>b. Job Title/Profession</b> CONSULTANT		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b> SELF-EMPLOYED		<b>e. Start Date (mm/dd/yyyy)</b> 06/21/10	
				<b>f. End Date (mm/dd/yyyy)</b> 06/30/10	
<b>g. Rate</b> %	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b> CHECK #3948		<b>k. Amount</b> \$ 750.00
<b>l. Full Name of Lending Institution</b>				<b>m. Loan Number</b>	
<b>4. Endorsers/Makers</b> <i>(The people who guarantee the loan.)</i>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b> %		<b>e. Amount</b> \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b> %		<b>e. Amount</b> \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b> %		<b>e. Amount</b> \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b> %		<b>e. Amount</b> \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b> %		<b>e. Amount</b> \$	
<b>5. Total of ALL CRO-1410 Pages</b> <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					\$ 750.00

## Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

• Name of committee to receive loan:	<u>The Scott Dacey Cmte</u>
• Person lending money to committee (Lender):	<u>Scott Dacey</u>
• Date of loan to committee:	<u>6-24-10</u>
• Name of lending institution and account number (source):	
• Amount of loan:	<u>\$750. -</u>
• Names of all parties responsible for payment of loan (guarantors):	<u>The Scott Dacey Committee</u>
• Period of loan:	
• Rate of interest of loan:	<u>0</u>
• Security pledged for loan:	

I, Scott Dacey, acknowledge that all of the information  
(Person lending money to committee)  
provided is complete, true, and accurate. I further understand I may not forgive a loan  
that has an outstanding balance to any source.

Scott C Dacey  
Signature of Lender

James M. [Signature]  
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

## Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

<b>Name of committee to receive loan:</b>	<i>The Scott Dacey Committee</i>
<b>Person lending money to committee (Lender):</b>	<i>Scott Dacey (cand. date)</i>
<b>Date of loan to committee:</b>	<i>Jan. 8<sup>th</sup>, 2010</i>
<b>Name of lending institution and account number (source):</b>	<i>Scott Dacey, Personal Account</i>
<b>Amount of loan:</b>	<i>\$2,000.<sup>00</sup></i>
<b>Names of all parties responsible for payment of loan (guarantor):</b>	
<b>Period of loan:</b>	<i>Six months</i>
<b>Rate of interest of loan:</b>	<i>0.0%</i>
<b>Security pledged for loan:</b>	<i>None</i>

I, *Scott Dacey*  
(Person lending money to committee)

acknowledge that all of the

information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

*Scott C. Dacey*  
Signature of Lender

*Janet Dacey*  
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.



# Disbursements

Pg 2

of 2

Amendment

☐ Yes

☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

<b>1. Committee Full Name (and Fund if applicable)</b> SCOTT DACEY CAMPAIGN					<b>2. ID Number</b> TCDH5A	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures		
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) LOWES 150 LOWES BOULEVARD NEW BERN, NC 28562 252/638-6777			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
			<b>c. Level Registered (Specify)</b>			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					<b>e. Election Sum to Date</b> \$ 222.03	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
	1004	F	04/06/10	\$222.03	SUPPLIES	
				\$		
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) ARISTOTTLE PUB 3635 RUFFIN ROAD THIRD FLOOR SAN DIEGO, CA 92123			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
			<b>c. Level Registered (Specify)</b>			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					<b>e. Election Sum to Date</b> \$ 200.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
	EX. W/D	C	03/03/10	\$200.00	POLITICAL CONSULTING FEE	
				\$		
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) THE STEWART GROUP, INC. POST OFFICE BOX 26508 RALEIGH, NC 27611 919/828-6455			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
			<b>c. Level Registered (Specify)</b>			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					<b>e. Election Sum to Date</b> \$ 1,402.92	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
	1006	B	04/19/10	\$1,402.92		
				\$		
<b>5. Total only this Page</b>					\$ 1,824.95	
<b>6. Total of ALL CRO-1310 Pages</b> (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 4,892.36	
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)						
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">A* - Media</div> <div style="width: 33%;">B* - Printing</div> <div style="width: 33%;">C* - Fundraising</div> <div style="width: 33%;">D - To Another Candidate</div> <div style="width: 33%;">E - Salaries</div> <div style="width: 33%;">F* - Equipment</div> <div style="width: 33%;">G - Political Party</div> <div style="width: 33%;">H* - Holding Public Office Expenses</div> <div style="width: 33%;">I - Postage</div> <div style="width: 33%;">J - Penalties</div> <div style="width: 33%;">K* - Office Expenses</div> <div style="width: 33%;">Q* - Donation to Legal Expense Fund</div> <div style="width: 33%;">O* - Other</div> </div>						
* Codes require detailed explanation in required remarks field (k)						